

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2015</div> </div>		
Full Name of Payee <b>MEDIA USA</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015</div>		
Mailing Address PO BOX 189			Amount <div style="border: 1px solid black; padding: 2px;">4000.00</div>		
City State Zip Code LITCHFIELD MN 55355		Transaction ID : SE24.1037			
Purpose of Expenditure SKYWALK PANELS WITH BROCHURE DISTRIBUTION		Category/Type 004		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2015</div>	
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">54300.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>		
City State Zip Code		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>			
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">4000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Robert Frank</i> <div style="border: 1px solid black; padding: 2px;"></div>			Date <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2015</div>		

[Electronically Filed]